

S. No. 2
 1-12-45
 7-5-17-39
 I X47070

FILED OCT 11 1947 318

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
 (b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Homer G. Phills
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3 Days**
14 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Henry McGee

3. (b) If veteran, name war **Yes** 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **Col.** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive **None** years

7. Birth date of deceased **Dec. 25 1918**
(Month) (Day) (Year)

8. AGE: 29 Years 9 Months 3 Days If less than one day hr. min.

9. Birthplace **Marvell Ark.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Labor**

11. Industry or business **B.G. Coal Co Henry McGee**

12. Name _____

13. Birthplace **Starkville Miss.**
(City, town, or county) (State or foreign country)

14. Maiden name **Victoria Searcy**

15. Birthplace **Marvell Ark.**
(City, town, or county) (State or foreign country)

16. (a) Informant **3633 Cousins Ave.**

(b) Address **Burial**

17. (a) (Burial, cremation, or removal) (b) Date thereof **Sept. 3-1947**
(Month) (Day) (Year)

(c) Place: burial or cremation **National Cemetery**

18. (a) Signature of funeral director **Elmer E. Pettes**

(b) Address **3030 Bell Ave. J. F. Budek**

19. (a) **OCT 12 1947** (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
 (c) City or town **East St. Louis Ill.**
(If outside city or town limits, write "RURAL")
 (d) Street No. **1435 1/2 Russell**
(If rural, give location)
23
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **28**th
 year **1947** hour **4:50** minute **A.** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h. _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above

Immediate cause of death **Internal Hemorrhage from gunshot wound of liver and small bowel inflicted at the hands of one Wm. Jones Col. on the northeast corner of Jefferson & Franklin around 3:10 A.M. Sept. 27, 1947, when the deceased was entering a taxi cab. McGehee was heavily been ejected from the taxi cab by Jones prior to the shooting.**
 Other conditions **attacked Wm. Jones as he (include pregnancy within 3 months of death)**
 Major findings: _____
 Of operations: _____
 Of autopsy: _____
 Underline the cause to which death is charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) **Justifiable Homicide**
 (b) Date of occurrence **Sept 27 1947**
 (c) Where did injury occur? **St. Louis Mo.**
(City or town) (County) (State)
 (d) Did injury occur in, or about home, on farm, in industrial place, in public place?
In public place
Specify type of place
 While at work? **No** (e) Means of injury **See above**
 23. Signature **Thomas T. Callaway**
(Name of physician or other)
 Address **Coroner** Date signed **10-2-47**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Escher H. Harris....., Registered Apprentice No. *416*
working under my personal supervision.

Signed..... *H. Claude Gordon*.....

Licensed Embalmer No. *3489*.....

P. O. Address..... *4575 Aldine*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.